

Connecticut Trauma Committee  
Hunter's Ambulance  
March 17, 2016

Present: Shea Gregg, Chairman; Deborah Bandanza, recorder; Kim Barre; Brendan Campbell; Kimberly Davis; Kevin Dwyer; Ann Dyke; Tracy Evans; Jim Feeney; Joshua Hajjar; Richard Kamin; Kathleen LaVorgna; Renee Malaro; Adrian Maung; Jacqueline McQuay; Laurie O'Brien; Paul Possenti; Jim Santacroce; Alisa Savetamal; Kevin Schuster; Subramani Seetharama; Jen Tabak; Pina Violano

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Dr. Gregg called the meeting to order at 2:10 p.m.

The January 2016 minutes were approved.

Joshua Hajjar was introduced as the new program manager for Stamford Hospital.

#### OEMS Report

Raffaella Coler has been appointed as director and will start April 15.

#### Old Business

##### EMS Advisory Board Update:

A proposal for the use of body armor as PPE for EMS personnel is being assessed and referred to subcommittee. Currently, EMS personnel are allowed to purchase body armor on their own, but this proposal would allow them to gain access to online vendors in order to obtain a better price. Dr. Davis commented that EMS is being held back in active shooter events with the police performing hemorrhage control and allowing EMS access when the scene is safe and questioned the role for uniform body armor. Dr. Gregg brought this up at the standing committee and the point was made that there are certain jurisdictions and scenarios where EMS feel unsafe in practicing and that body armor could be considered personal protective equipment. These issues are being addressed by the Emergency Preparedness Committee and EMS Advisory Board along with what training is required for cold vs. hot/warm zones in active shooter situations.

A Mobile Integrated Health System for community paramedicine was also addressed at the meeting. This could increase the paramedic's scope of practice to include fall assessment, blood pressure checks, home safety evaluations in addition to their emergency response role. There is high interest in Region 1 and this is an ongoing discussion with multiple agencies and referral to subcommittee.

There was a proposal to update the language which would change the State Trauma Committee from a regulatory committee to a statutory committee that would directly report to the State for certain functions, such as updating field triage protocols. This proposal did not make the short legislative session but will be brought back to the longer session. At the EMS Advisory Board meeting, the issue was raised that the ACS-COT representative has a vote on the Advisory Board and the State Trauma Committee

representative does not and a suggestion was made that the State Trauma Committee also have a vote.

#### State Registry Update:

Dr. Gregg met with Raul Pino, the new DPH Commissioner. The commissioner was alerted to the importance of an operative state database and Dr. Gregg is working with OEMS in an ongoing effort to bring the state database to full functionality. The commissioner has been invited to the May State Trauma Committee meeting.

#### Active Assailant and Hybrid Targeted Violence draft:

This is the work product of the EMS Preparedness Committee under the Advisory Board and defines the levels of preparedness EMS should have for cold/hot/warm zones. The document was distributed to the committee for review and feedback.

#### New Business

##### Ad Hoc vs. Sub-committee organization:

Three priorities were identified for sub-committees: data and research, injury prevention (pediatric, geriatric, and violence), and protocol updates and development. Dr. Campbell recommended that objectives should be developed for the sub-committees. Pina Violano remarked that there is a DPH injury prevention committee already functioning and Dr. Gregg suggested that this trauma sub-committee could feed into the DPH committee. Committee members were asked to email interest and recommendations to Dr. Gregg.

##### Statewide prehospital care protocols draft:

Dr. Kamin and CEMSAC have developed draft protocols in an effort to provide uniform care throughout the state. The New England states came together to produce a consistent set of guidelines for the region, and the draft is based on the New Hampshire guidelines for ALS and BLS. Sponsor hospital would still retain the ability to set and oversee paramedic standards. The document is in the final stage of revision with the final due July 1. The trauma protocols were distributed to the committee for review and recommendations.

##### Helicopter transport equipment:

The equipment list is similar to the ALS equipment for ambulances. The medical directors of LifeStar and SkyHealth are updating the list for equipment appropriate for helicopter transport. The draft list is undergoing revision and the Ambulance Advisory Board has requested feedback from the Trauma Committee. The committee members were asked to send feedback to Dr. Gregg.

#### Open Forum

Dr. Campbell suggested having the data and research sub-committee evaluate a research project that compares outcomes for centralized and decentralized process. An

additional research project of a potential burn educational/telemedicine project was also mentioned. These were discussed and may be best addressed and conducted through the data and research committee.

The email list is in need of updating. The sign-in list had a column for members to update their email address and all were asked to notify members who were not present at the meeting to contact Yolanda at DPH with their current address.

A suggestion was made to have all future meetings take place at CHA. A formal request has been submitted to CHA, but since they accept meetings only 6 months out, there might be occasions when the facility is not available. The American Heart Association was identified as an alternative site when CHA is unavailable.

The meeting adjourned at 3:05 p.m.